



D2.

COMMONWEALTH OF DOMINICA  
Ministry of Finance

D2. FINGERPRINT AND PHOTOGRAPH VERIFICATION FORM

**PART I: To be completed by applicant**

Surname :	Gender : <input type="checkbox"/> M <input type="checkbox"/> F	<div style="border: 1px solid black; padding: 10px;"> <p>Securely attach 45mm x 35mm photograph of applicant here</p> </div>
First or given name and middle name(s) :	Passport number :	
Date of birth :	Passport issuing country :	
Place and country of birth :	Specimen signature ( for children who cannot sign, write N/A ) :	
Address :		

**PART II: To be completed by official recording the fingerprints**

I certify that the above applicant's signature was signed in my presence and the photograph attached is the person identified by name above.

Signature of fingerprinting officer :		Date and Place :		
Officers' full name :		Official stamp :		
Designation :				
Address :				
Right Thumb	Right Index	Right Middle	Right Ring	Right Little
Left Thumb	Left Index	Left Middle	Left Ring	Left Little
Left four fingers simultaneously		Right four fingers simultaneously		